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April 5, 2022

Narrative Statement

Nicole Moretti entered residential treatment at Letty Owings for opioid use disorder and stimulant use disorder on 8/8/2019. She was pregnant at the time and her child, Saylor Moretti, was born on 9/7/2019. Ms. Moretti's plan of care included alcohol and drug treatment implemented by clinical and milieu staff at Letty Owings Center (including TAs, case managers, parent trainers, and Certified Alcohol and Drug Counselors). She also received support by nursing staff and the Letty Owings Center Medical Director. The nurse employed at Letty Owings provides health education, care coordination, facilitates communication between relevant Letty Owings treatment team members and the patient's medical providers in order to support the treatment plan, and engages in nursing assessments and triage in order to connect the patient with the appropriate medical care needed for herself or her child.

The medical director at Letty Owings Center, myself- Amanda Risser MD, is accountable for the creation and implementation of medical policy, supports nursing and clinical staff in care coordination and triage of medical issues that arise while in treatment, and supports medication orders during treatment. I or a covering provider, will help write medication orders for adults in treatment, while working to connect clients to ongoing care. It is common, for example, for me to continue and adjust medications to support recovery (buprenorphine, naltrexone, acamprosate, medications for post-acute withdrawal or insomnia) for Letty residents while working with nursing and treatment staff to support the patient in connecting to ongoing care. I will also review admission medications or new medications that may need special support, care, or considerations for care coordination. I cared for Nicole much in the way described above while she was a resident at Letty Owings Center.

Our support to infants and children is similar to the above (nurse triage support, medical director policy guidance for the care of infants and children) with the exception of medication management. The only instances that medical providers will direct medication advice at Letty for infants and children, are to confirm weight-based dosing of common over the counter medications like acetaminophen or ibuprofen, or review whether or not over the counter or prescribed are appropriate for in-room use or must be safely stored in the medication room. Otherwise, I will review medications ordered by other providers and engage in care coordination with the pediatric providers as needed.

One of the duties of our clinical staff and milieu staff is to support safety. At Letty- children's parents are responsible for the safety of their children with staff's guidance and support. Letty Owings Center does not directly supervise children outside of the on-site licensed childcare facility unless there is an emergency while care is being arranged for the time that the parent may not be able to care for the child. Otherwise, parents are to be in arms reach and directly supervising children at all times or working with a peer to briefly watch their child while on a short walk.

When residents (adults, infants, children) come to live at Letty Owings Center, we provide every individual with their own safe sleep environment: a bassinet or crib for babies and appropriately sized beds for older children and adults. If a resident brings their own crib or basinet they would prefer using,


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it is inspected to make sure it is a standard sleep surface and poses no safety risk.

Residents in treatment are trained by clinical staff (especially the parent trainer and the Letty nurse) around Safer Sleep for infants and children as consistent with the American Academy of Pediatrics (AAP) safer sleep guidance, which includes recommendations around not sharing beds, especially in children 12 months and under. We have written medical policies around safer sleep informed by and consistent with AAP guidance and they are regularly reviewed and updated. At the time of Ms. Moretti's stay at Letty Owings Center, these would be the standard safer sleep supports and interventions she would have received:

- Education about safer sleep and Letty Owings Center's Safer Sleep Policies on nursing intake.
- Regular conversations about safer sleep with nurse and parent trainer.
- Three times nightly bed checks for unsafe sleep by treatment assistant staff with an additional check in the AM on weekends when there is no treatment programming.
- Facilitation of parent correction of unsafe sleep if unsafe sleep is occurring as per the safe sleeping checklist done by TAs during bed checks.

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Amanda Risser, MD